community must ‘sell’ their knowledge (page 196). Further problems concern the interests of individuals. Walter Zimmerli asks who has the right to know their genetic constitution of a person and discusses the competing views that the individual has a moral right to genetic privacy and that information is not something that can be privately owned. Zimmerli attempts to resolve the problem via a distinction between ‘strictly private’ and ‘publicly accessible’ data (page 99).

The papers of Diana Brahms and of Norman Carey and P E Crawley include a discussion of the patenting of genetic information. Discussion focuses on whether the system limits or facilitates access to information that ought, in Zimmerli’s terms, to be publicly accessible. Bernard Davis suggests that patents monopolise, not knowledge, but the use of it.

The greatest controversy might be expected regarding the possible applications of genetic information. Paul Debenham’s paper on DNA fingerprinting, however, claims that this, at least, raises no new issues of principle.

While recent press coverage has concentrated on the potential for gene therapy, John Bell’s paper claims that prenatal diagnosis followed by selective termination has had the most profound impact of any health measure since immunisation (page 19). Bernard Davis agrees, arguing that it will continue to be simpler and safer than germline gene therapy (page 86).

Only the somatic version of gene therapy wins wide support, for treating monogenic disease. In future, however, polygenic disease will be increasingly researched. Bell suggests that post-birth screening for this would permit affected individuals to modify their lifestyles (page 25). A similar, environmental, approach is suggested by Williamson and Kessling (page 65).

Gurling’s paper, about the genetics of psychiatric disorder, also suggests that genetic research may point to ways in which the environment runs through the collection, Williamson points out the mistake of thinking about this in simple terms, because both genetic and environmental influence can be broken down into components (page 73).

The final three papers look at religious and philosophical questions. Rihito Kimura looks at how different religions accept genetic intervention to relieve suffering; Bernard Williams examines the implications of genetic information for personal identity and parental pride; Max Charlesworth criticises attempts to derive a theory of human nature from genetics itself.

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Doctors’ Decisions: Ethical Conflicts in Medical Practice

Edited by G R Dunstan and E A Shinebourne, x + 248 pages, Oxford, £22.50, OUP, 1989

This very useful book consists of twenty-two essays by twenty-five contributors, drawn mainly from the UK, especially London and Cambridge, with one each from Australia, the Republic of Ireland and the USA. The point of it is to listen to medical folk giving an account of ethical decisions they have had to face in their different professional capacities. The chapters move from issues involved in experiments on animals, through prenatal decisions, those in neonatal care, in dealing with adolescent girls, students, those suffering from sexually-transmitted diseases, those arising in clinical oncology, in psychiatry and psychotherapy in the pharmaceutical industry, in intensive and in terminal care, in the general care of the elderly, to those in general practice.

In the first chapter Professor Dunstan makes clear that the need for the book arises from the explosion of interest in medical ethics. Sociologists, lawyers, philosophers, theologians, economists and the general public are involved in the discussions, and if medical ethics can no longer be left solely to the medical profession it cannot be studied without conceding that members of that profession must be given a primary role in decision-making: it is inherent in their professional role.

The book includes a chapter by a Christian theologian and moral philosopher, one by a Rabbi, and one by a philosopher, who concludes it by commenting on many of the issues raised. He stresses the need for a public social morality to be related to the reflective work in medical ethics lest contradictions and confusions arise in the public mind and the legal system. An example is the legal or quasi-legal status of the embryo in vitro and in vivo.

Several frequently discussed issues are raised, sometimes in more than one chapter: the meaning of informed consent; confidentiality in the doctor-patient relationship and its relation to other obligations; clinical autonomy, in the setting of the moral norms of society, concerning the beginning and end of life; the extent to which quality-of-life considerations are ethically relevant, and problems in the allocation of relatively scarce resources.

On what basis are decisions to be made? How far is there likely to be common agreement? A lot depends on how flexible the different bases are in operation. Rabbi Bleich’s chapter shows Jewish ethics often coinciding with convictions widely held on various other grounds, but not always, and where they do not, agreement may not be easy because it may seem to others to depend on very straitened interpretations of biblical texts. Some Christians are inflexible, but Helen Oppenheimer writes sensitively against interpreting phrases like ‘we must not play God’ or ‘the sanctity of life’ in a rigid manner. She shows how Christian theology can underpin at a deep level decisions reached on other grounds. The editor of this journal, Raanan Gillon, outlines four prima facie principles which are ‘defensible from a wide variety of moral perspectives, religious and secular, utilitarian and deontological, virtue based or principle based’. They are (1) respect for autonomy, (2) the principle of beneficence, (3) the principle of non-maleficence and, (4) the principle of justice as fairness. This is in sharp contrast to some moral philosophers who are telling us that our pluralistic societies have no common understanding of a moral vocabulary, and thus have no means of meaningfully discussing, let alone resolving, moral issues. Reading this book might make them think again. However the fact that Gillon’s four principles are prima facie ones means that they cannot be applied woodenly. Discernment in particular cases will always be needed. Certainty in ethical judgements, which many crave, cannot be had.

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